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COUNTY BOROUGH OF STOCKPORT



EDUCATION COMMITTEE

Annual Report

on the

SCHOOL HEALTH SERVICE

for the

YEAR ENDED 31st DECEMBER, 1955

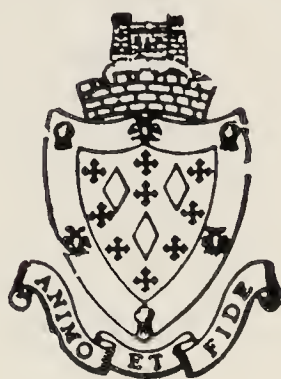
By

J. YULE, M.D., D.P.H.

Principal School Medical Officer

(47th of the Series)

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STOCKPORT EDUCATION COMMITTEE

at 31st December, 1955

Chairman : Alderman R. Seaton.

Vice-Chairman : Alderman W. R. Fox, J.P.

Aldermen C. H. P. Cooper, J.P., W. Durr, T. C. Edwards, Mrs. E. Little, H. Patten, O.B.E., M.A., J.P., J. Randles, B.A., Mrs. M. White.

Councillors S. Boyle, J. Burke, J. Curley, Mrs. C. S. Grant, M. L. Hall, LL.B., H. Hope, W. C. Knight, T. Orchardson, J. Sowden, J. Stonehewer, H. A. Walker, Mrs. U. I. White, A. Whitley, A. Whitesmith, A. Wood.

Mrs. J. E. Parkinson, Miss M. Orchardson.

Messrs. H. Barlow, LL.B., Canon B. Bell, P.P., W. Garside, R. Heys, E. Hope, H. Sidebotham, LL.M., J. S. Southworth, M. E. J. Swain, B.Sc., T. C. Williams, M.Sc., Rev. J. Yelder, F.Ph.S.

SCHOOL HEALTH AND WELFARE SUB-COMMITTEE

Chairman : Alderman R. Seaton

Vice-Chairman : Alderman C. H. P. Cooper, J.P.

Aldermen W. R. Fox, J.P., Mrs. E. Little, Mrs. M. White.

Councillors S. Boyle, J. Curley, Mrs. C. S. Grant, W. C. Knight, J. Stonehewer.

Mrs. J. E. Parkinson, W. Garside.

SPECIAL SCHOOLS SUB-COMMITTEE

Chairman : Alderman Mrs. E. Little

Vice-Chairman : Alderman Mrs. M. White

Aldermen C. H. P. Cooper, J.P., W. Durr, H. Patten, O.B.E., M.A., J.P., J. Randles, B.A., R. Seaton.

Councillors J. Burke, J. Curley, Mrs. C. S. Grant, W. C. Knight, Mrs. U. I. White, A. Whitley.

Miss M. Orchardson, M. E. J. Swain, B.Sc.

DIRECTOR OF EDUCATION

E. Gwyn Thomas, B.A., Ph.D.

STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer : J. Yule, M.D., Ch.B., D.P.H.

Deputy Principal School Medical Officer :

A. R. M. Moir, M.D., Ch.B., D.P.H.

School Medical Officers :

Hilary J. Crewe, M.B., Ch.B.

Stella M. Jones, B.A., M.B., B.Ch., B.A.O.

E. P. Jones, M.B., B.Ch., B.A.O. (resigned 30th April, 1955).

Jean M. Halliwell, M.B., Ch.B., M.R.C.S., L.R.C.P., D.R.C.O.G., D.C.H.
(commenced 9th May, 1955).

Consultant Ophthalmic Surgeon :

S. H. Faulkner, M.D., M.R.C.P., D.O.M. & S.

Consultant Aural Surgeon : G. E. Archer, M.B., D.L.O., F.R.C.S.E.

Chief Dental Officer : Freda Sellers, L.D.S.

Full Time Dental Officer : R. G. Dempster, L.D.S., R.F.P.S.
(commenced 29th August, 1955).

Part Time Dental Officers :

F. M. Mears, L.D.S., R.F.P.S.

K. Clark, B.D.S., L.D.S. (resigned 20th August, 1955).

J. Somekh, L.D.S., M.B., Ch.B. (commenced 4th July, 1955).

S. Lever, L.D.S., B.D.S. (commenced 18th July, 1955).

T. W. Sherratt, M.R.C.S., L.R.C.P., L.D.S.

(commenced 19th October, 1955, resigned 3rd December, 1955).

Superintendent of School Nurses :

Miss Snowdon, S.R.N., S.C.M. (resigned 14th February, 1955).

Miss Drew, S.R.N., S.C.M., H.V.Cert. (commenced 1st March, 1955).

School Nurses :

Mrs. Turner, S.R.N.

Mrs. Seed, S.R.N.

Mrs. Moore, S.R.N.

Miss Faulkner, S.R.N. (resigned 9th March, 1955).

Mrs. Stevenson, S.R.N.

Mrs. Gething, S.R.N.

Mrs. Faulkner, S.R.N.

Mrs. Lees, S.R.N. (commenced 1st April, 1955).

Miss Hughes, S.R.N. (commenced 9th May, 1955, resigned 31st December, 1955).

Chiropodist : J. F. Green, F.Ch.S.

Senior Clerk : H. Joules.

Clerical Staff:

Miss Moulton.

Miss Henshaw.

Miss Rimmer.

Mrs. Jones (née Miller, resigned 17th December, 1955).

Miss Moss (resigned 19th February, 1955).

Miss Baker (commenced 21st March, 1955, resigned 24th December, 1955).

Miss Harris.

Miss Matthewman (resigned 13th June, 1955).

Miss Buckley (commenced 12th April, 1955).

Miss Roylance (commenced 22nd August, 1955).

Miss Burgess (commenced 12th September, 1955).

SUMMARY OF WORK

A.	Medical Officers at Maintained Primary and Secondary Schools :—	1954	1955
	Periodic Inspections at Primary Schools ..	6,311	7,981
	Special " " " " " " ..	72	63
	Re-Inspections at Primary Schools ..	3,598	4,875
	Periodic Inspections at Secondary Schools ..	1,427	1,634
	Special " " " " " " ..	129	40
	Re-Inspections at Secondary Schools ..	1,105	1,762
B.	Medical Officers at Clinics :—		
	Inspections at Clinics	5,215	4,375
	Re-Inspections at Clinics	3,744	4,430
	Inspections under Employment of Children Bye-Laws	363	443
	Entertainments Certificates issued	2	2
C.	Dental Officers :—		
	Periodic Inspections at Primary Schools ..	11,253	17,435
	Periodic Inspections at Secondary Schools ..	4,872	4,997
	Special Inspections at Schools and Clinics ..	2,148	2,105
	Attendances for Treatment	11,010	11,640
D.	School Nurses' Visits, etc.:—		
	Visits to Schools	1,569	1,539
	Examinations in Schools (including cleanliness inspections)	91,017	98,196
	Visits to Homes	686	1,626

COUNTY BOROUGH OF STOCKPORT

General Information

	1954	1955
Population	141,660	141,660
Primary Schools—		
Number of Schools	38	38
Number of Departments	56	56
Number on Rolls	15,303	15,416
Schools for Secondary Education—		
Girls	3	4
Boys	2	3
Mixed	6	5
Number on Rolls	5,638	5,872
Special Schools—		
Longfield Open-Air School Number on Roll	91	77
Taxal Lodge Residential School for Educationally Subnormal Pupils Number on Roll	42	45
Cost of School Health Service—	1953/54	1954/55
Total Cost (<i>Net</i>)	£19,575	£17,013
Government Grant	£11,745	£10,208
Cost to Rates	£7,830	£6,805
Product of a Penny Rate	£3,876	£3,910
Cost in Terms of a Penny Rate	2.020d.	1.740d.

SCHOOL HEALTH REPORT

*To the Chairman and Members of the Education Committee
of the County Borough of Stockport*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit to you my Twenty-First Annual Report as Principal School Medical Officer, which is the 47th of the Series.

Since 1945 there has been a gradual improvement in the general nutritional state of the schoolchildren of the town. There is no doubt that school meals, and milk in schools, has played an important contributory part in attaining this satisfactory result. There has also been a gradual improvement in the standard of cleanliness of the children in the post war years.

No notification of diphtheria in respect of schoolchildren has been received during the past six years.

There has been an increase in the incidence of infectious disease, largely accounted for by the increase in the number of measles and whooping cough and also sonne dysentery. There were 126 cases of sonne dysentery ; most of the cases occurred in the outbreak in the Reddish area, which reached its peak in March. There were also three cases of poliomyelitis, none of whom died.

During 1954, B.C.G. vaccination was offered to all children within the 13 year old age group and this has continued during 1955. Details of this work will be seen in the report (page 14). It will be noted that during 1954, there were 25 per cent natural positive reactors compared with 19 per cent in 1955. In addition we are keeping under review, a group of school-leavers from modern secondary schools who were vaccinated in 1951, as part of an investigation by the Medical Research Council. As a result of the occurrence of open active pulmonary tuberculosis in a member of the teaching staff of one of the County Primary Schools, a tuberculosis survey took place. The whole-hearted co-operation of parents, teachers, and children, was most gratifying. The positive reactors were X-rayed. Details of this work can be seen on pages 14 and 15.

It will be noted that the Ophthalmic Surgeon has carried out 1,002 refractions compared with 979 the previous year.

The reduction in the number of sessions by the Ear, Nose, and Throat Specialist, from two per week to one per week, has resulted in only 280 children having operations for removal of tonsils and adenoids compared with 380 in 1954, and 522 in 1953. The waiting period for operation at Stepping Hill Hospital is approximately six months.

The report of the Chief Dental Officer, Miss F. Sellers (page 19) indicates that there has been a general increase in the work carried-out. This is largely accounted for by an improvement in the staffing position. The establishment is one Chief Dental Officer and three full-time assistants. For the first time, in October this year, the dental department was up to establishment, having a Chief Dental Officer, one full-time dental officer, and four part-time dental officers employed for five sessions a week each. The employment of part-time dental officers is found to work smoothly and enables a large amount of routine work to be completed.

The report of the Speech Therapist, Miss D. E. Lees, is included in the report (page 23). This work which was commenced in 1954, has expanded considerably and continues to fulfill a great need.

It will be observed that Dr. A. A. Cashmore, Consultant Child Psychiatrist of Booth Hall, Manchester, commenced his work in Stockport in June, 1955. He holds a Child Guidance Clinic at the Combined Clinic, 32, Heaton Moor Road, once a week on Thursday afternoons. It is obvious that one session per week is totally inadequate for our requirements and it is hoped that when the Manchester Regional Hospital Board has augmented its present staff, that it will be able to permit the Stockport School Health Service further sessions from the Consultant Psychiatrist.

At the beginning of the year a scheme was inaugurated for the testing of children's hearing in schools. This is carried out on a Pure Tone Sweep Audiometer, which is operated by an Audiometrician who has been trained in its use at the Department of Education of the Deaf, The University, Manchester. It will be observed that out of a total number of 6,316 children examined, 95 were found, on re-test, to have a hearing loss of more than 45 decibels. These children were subsequently referred to the Aural Surgeon, their own general practitioner, or to the Stockport Infirmary, for further investigation.

The new combined clinic at Brinnington was opened on the 14th October, 1955, by the Mayor, Alderman W. Russell Fox, J.P. This clinic is a great asset to the school health service of this growing area. There is a minor ailment clinic on four mornings of the week, and the dental department, which has a well equipped surgery, waiting room and recovery room, is open for dental treatment of schoolchildren, pre-schoolchildren, and expectant and nursing mothers.

A special tribute should be paid in this introduction to the encouragement and help which the staff of the School Health Service has received throughout the year from the Teaching Staffs of the Schools.

I desire to thank the Director of Education, Dr. Gwyn Thomas, and his staff, for their consideration and help in connection with this special branch of the Education Committee's work.

I wish to place on record my thanks to all members of the Staff for their loyal service and response to all demands which have been made on them.

Finally, I should like to express my sincere appreciation of the courtesy and consideration which has been shown by you, Mr. Chairman, Ladies and Gentlemen, to the members of the School Health Service throughout the year.

I have the honour to remain,

Your obedient Servant,

J. YULE,

Principal School Medical Officer.

*Town Hall,
Stockport.
June, 1956.*

REPORT

I.—STAFF.

(a) General.

Dr. E. P. Jones, M.B., B.Ch., B.A.O., resigned his appointment as School Medical Officer on 30th April, 1955.

Dr. Jean M. Halliwell, M.B., Ch.B., M.R.C.S., L.R.C.P., D.R.C.O.G., D.C.H., assumed her appointment as School Medical Officer on 9th May, 1955.

Mr. R. G. Dempster, L.D.S., R.F.P.S., assumed his appointment as full-time School Dental Officer on 29th August, 1955.

Mr. K. Clark, B.D.S., L.D.S., resigned his appointment as part-time School Dental Officer on 20th August, 1955.

Joyce Somekh, L.D.S., M.B., Ch.B., assumed her appointment as part-time School Dental Officer on 4th July, 1955.

Mr. S. Lever, L.D.S., B.D.S., assumed his appointment as part-time School Dental Officer on 18th July, 1955.

Mr. T. W. Sherratt, M.R.C.S., L.R.C.P., L.D.S., assumed his appointment as part-time School Dental Officer on 19th October, 1955, and resigned on 3rd December, 1955.

Miss Snowdon, S.R.N., S.C.M., resigned her appointment as Superintendent of School Nurses on 14th February, 1955.

Miss Drew, S.R.N., S.C.M., H.V.Cert., assumed her appointment as Superintendent of School Nurses on 1st March, 1955.

Miss Faulkner, S.R.N., resigned her appointment as School Nurse on 9th March, 1955.

Mrs. Lees, S.R.N., assumed her appointment as School Nurse on 1st April, 1955.

Miss Hughes, S.R.N., assumed her appointment as School Nurse on 9th May, 1955, and resigned on 31st December, 1955.

Miss Moss resigned her appointment as Medical Clerk on 19th February, 1955.

Miss Baker assumed her appointment as Medical Clerk on 21st March, 1955, and resigned on 24th December, 1955.

Mrs. Jones (née Miller), resigned her appointment as Medical Clerk on 17th December, 1955.

Miss Buckley assumed her appointment as Medical Clerk on 12th April, 1955, and was transferred as Dental Attendant on 13th June, 1955.

Miss Matthewman resigned her appointment as Dental Attendant on 13th June, 1955.

Miss Roylance assumed her appointment as Dental Attendant on 22nd August, 1955.

Miss Burgess assumed her appointment as Dental Attendant on 12th September, 1955.

II.—CO-ORDINATION.

(a) With General Practitioners.

Satisfactory liaison has continued with many practitioners in the town. From these doctors information is received from time to time about handicapped children under their care for whom the facilities offered by the School Health Service are requested. Many of the children who attend the Aural Clinic and the Eye Clinic are referred at the request of general practitioners.

(b) With Hospitals.

The arrangements outlined in last year's Annual Report have continued to operate satisfactorily, whereby medical reports on children who have attended the Out Patients' Department of the Stockport Infirmary or who have been in-patients at Stepping Hill Hospital or at the Infirmary, are sent to the Principal School Medical Officer. The visiting Specialists who conduct the Eye Clinics and Ear, Nose and Throat Clinics which are held at the Central School Clinic, are also on the staff of the local hospitals ; thus continuity of supervision is ensured.

(c) With the Health Department.

Information concerning children entering school for the first time is supplied by the Health Department from the Health Visitors' records of home visits and clinic attendances. Miss Snowdon, S.R.N., S.C.M., was succeeded as the Superintendent of the Combined Health Department and School Health Service Nursing Staff, by Miss Drew, S.R.N., S.C.M., H.V.Cert.

III.—MEDICAL INSPECTION.

(a) Age Groups Inspected.

The medical inspection of pupils has continued as in previous years, the age groups inspected being :—School Entrants ; Leavers from the Primary School ; and Leavers from the Secondary School. In addition, pupils reaching the age of 8 years during the current year were also examined.

(b) Special Inspections.

Examinations of children made by Medical Officers in the following circumstances are known as Special Inspections. The total number of special inspections carried out and the number of children examined in each group are shown below.

(i) Children attending the Consultation Clinics	..	3,900
(ii) Children specially examined at school at the request of the parent or Head Teacher	103
(iii) Children examined for convalescence	32
(iv) Children examined for employment out of school hours	443
TOTAL		4,478

Details of the defects requiring treatment or observation which were discovered at these inspections are shown in Table II on page 36.

(c) Statistics of Medical Inspection.

The Statistical Tables relating to the Medical Inspections carried out during the year are shown on page 35. The number of Periodic Inspections carried out during the year was 9,615 compared with 7,738, last year. The number of Special Inspections was 103 and the number of re-inspections was 6,637 during the year. This compares with 201 Special Inspections and 4,703 Re-inspections last year. It should be noted that these figures indicate all cases examined in maintained primary and secondary schools.

The number of visits to schools by School Medical Officers for the purpose of carrying out Periodic Medical Inspections was 691 as compared with 502 in 1954.

IV.—FINDINGS OF MEDICAL INSPECTION.

The detailed figures relating to the defects found at the Medical Inspections will be found in Table II, page 36.

(a) General Condition of Pupils.

The General Condition of the pupils medically examined at school during the year was as follows :—

General Condition A (Good)—28.13 per cent

General Condition B (Fair)—70.93 per cent

General Condition C (Poor)—.94 per cent

Children whose general condition is poor are kept under regular supervision by the School Medical Officers, and when considered necessary are referred for a convalescent holiday, for admission to the Open Air School, or for a course of ultra violet light, whichever is likely to benefit them most. All children suffering from malnutrition are eligible for an extra third of a pint of milk per day and for “ free meals ” if the income of the parents falls below a certain level fixed by the Local Education Authority.

(b) Infestation with Vermin.

The School Nurses continue to pay regular visits to the schools to examine children for the presence of infestation. This year 88,972 inspections of pupils were made as compared with 82,875 inspections in 1954. Out of a total of 21,365 on the rolls 1,792 individual children were found to be unclean or 8.39 per cent of the children on the rolls. In 1954, 6.99 per cent of the children on the rolls were found to be unclean. Although these figures are an improvement on those for 1947 when more frequent cleanliness inspections were started, there is still considerable room for improvement. The nursing staff is handicapped in that it has no power to cleanse those members of the household who are not of school age and consequently it is not possible to deal with the source of infestation.

The statistical tables relating to this subject will be found on page 37 of this Report.

(c) Dental Defects.

Table V, page 40, shows that 112 sessions were devoted to the inspection of 22,432 pupils in school. In addition, 2,105 Specials were inspected at the clinic.

V.—INFECTIOUS DISEASES.

(a) Immunisation Against Diphtheria—1955.

During the year, immunisation of children of school age has continued to be satisfactory. The total number of children of the ages 5—15 years inclusive, completely immunised was 3,083 (including 2,510 children also immunised in previous years).

It is most gratifying to report that the number (20,517) of children of school age (5—15 years) immunised up to the end of December, 1955, was 96.04 per cent. of the children of these age groups in the Borough.

There were no cases of Diphtheria occurring during the year amongst the 21,922 children comprising the school population. This figure includes 557 Grammar School pupils.

Immunisation at Welfare Centres :

Number of children who received 2nd and final injection (including 155 re-inforcing injections) ..	436
--	-----

Immunisation at Schools :

Number of children who received 2nd and final injections (including 2,291 re-inforcing injections) ..	2,563
Number of visits to Schools	59

Immunisation by Private Doctors :

Number of completed injections (including 64 re-inforcing injections)	84
---	----

(b) Incidence of Infectious Diseases.

Disease	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total 1955	Total 1954
Scarlet Fever	35	16	20	24	95	91
Diphtheria	—	—	—	—	—	—
Dysentery	94	30	1	1	126	2
Pneumonia	2	2	—	2	6	6
Meningo-coccal infections	2	—	—	—	2	4
Measles	546	301	9	3	859	299
Whooping Cough ..	24	12	13	2	51	130
Poliomyelitis	—	2	1	—	3	—
Food Poisoning	5	5	—	—	10	7
Typhoid (Para. B) ..	—	—	—	—	—	—
Erysipelas	1	—	—	—	1	—

For the sixth year in succession there were no cases of Diphtheria in children of school age.

The number of Scarlet Fever cases showed an increase of four from that of the previous year.

There were 859 cases of Measles as compared with 299 in 1954.

The number of cases of Whooping Cough notified during the year was 51 as compared with 130 in 1954.

The rise in the number of cases of Dysentery, from two in 1954, to 126 in 1955, was occasioned by an outbreak in the Reddish area which reached its peak in March, 1955.

There were three cases of Poliomyelitis in children of school age during the year.

(c) Tuberculosis—B.C.G. Vaccination.

Towards the end of 1953, the Ministry of Health gave Local Health Authorities the opportunity to proceed with B.C.G. Vaccination of schoolchildren in the 13-14 years age group. A scheme was drawn up and submitted for formal approval. This scheme entails contacting parents through the medium of the schools and undertaking skin testing and vaccination on school premises. If the response from any particular school is small, it is arranged that children from such schools shall attend at the nearest Welfare Centre.

The following Table gives in detail the response and results of the B.C.G. Vaccination Programme since the inception of the scheme in January, 1954.

<i>Year</i>	<i>No. of Schools</i>	<i>No. of 13-yr. old children</i>	<i>No. of acceptances</i>	<i>No. given B.C.G.</i>	<i>Positive Reactors</i>	<i>% Pos.</i>
1954	22	1,495	886	596	204	25
1955	21	1,632	899	672	158	19

Arrangements are in progress for B.C.G. Vaccination to be undertaken for children who reach the age of 13 in 1956.

X-ray examination of all positive reactors is undertaken by the Mass Miniature Radiography Unit.

(d) Tuberculin Survey.

A case of open active pulmonary tuberculosis was notified as occurring in a member of the teaching staff at a County Primary School. In view of this it was felt advisable to undertake a tuberculin survey and to have all positive reactors X-rayed. The following Table gives an analysis of the tuberculin survey which indicates that almost 100 per cent participated.

COUNTY PRIMARY SCHOOL
T.B. Testing—Commenced 17th October, 1955

<i>Class</i>	<i>No. on Roll</i>	<i>Negatives</i>	<i>Positives</i>	<i>No Consent</i>	<i>Absent</i>	<i>Left after first treatment</i>	<i>Total</i>
1	38	35	2	1*	—	—	38
2	43	39	4	—	—	—	43
3	41	38	3	—	—	—	41
4	40	34	6	—	—	—	40
5	41	35	5	1*	—	—	41
6	36	32	2	—	—	2	36
7	37	33	4	—	—	—	37
8	38	34	4	—	—	—	38
9	22	18	4	—	—	—	22
11	34	32	2	—	—	—	34
12	37	31	4	1†	1	—	37
13	33	25	3	1‡	1	3	33
14	27	23	1	1‡	1	1	27
15	34	30	2	1†	1	—	34
Staff	16	2	14	—	—	—	16
<i>Total</i>	517	441	60	6	4	6	517

‡Recently tested at Chest Clinic. †Away from Home.

*Consent to X-ray only.

The following is a summary of the X-ray work carried out by the Mass Miniature Radiography Unit.

Total number of children X-rayed	465
„ „ staff	„	24
„ „ parents	„	85
Recalled	9

Results on those recalled for further examination :—

Mediastinal Mass	1
Inactive Primary	1
Heart Lesion	1
Normal	6

VI.—FOLLOWING-UP.

(a) General.

The children who are found at the periodic medical inspections to have defects requiring treatment or observation are followed up by the School Medical Officers at their subsequent visits to the schools. The Head Teachers of the schools and the School Nurses are informed of the names of those children who require to be followed up and are therefore able to ascertain whether the recommendations made have been implemented. In those cases where the recommendations are not being carried out through default on the part of the parents, the School Nurses visit

the homes of the children to discuss the matter with the parents. In this connection the number of visits to the schools during the year was 282 and the number of home visits was 1,024.

I would like to take this opportunity to thank all Head Teachers for their co-operation in ensuring that our school children receive the attention they need, and that defects are not neglected.

VII.—ARRANGEMENTS FOR TREATMENT.

(A)—*PRE-SCHOOL CHILDREN.*

(a) **Attendances.**

(i) Minor Ailment Clinic (Skin defects and miscellaneous cases)	171
(ii) Eye Clinic	
Refractions	74
(iii) Dental Clinic	457

(B)—*SCHOOL CHILDREN.*

(a) **Uncleanliness.**

The removal of lice and nits from the hair of infested children is primarily the responsibility of the parents. When infestation is found by the School Nurse, the parents of the infested children are informed and asked to cleanse the children forthwith. Only when the parents have failed, after repeated requests, to carry out the cleansing satisfactorily, are the children cleansed compulsorily at one of the School Clinics. In a large proportion of the cases seen, the parents do make an effort to comply with the requests of the School Nurses, and are prepared to bring their children to the Clinic, if necessary, for cleansing to be carried out under supervision. However there remains a hard core of difficult cases who are impervious to persuasion, and for these there appears to be no alternative but to carry out the cleansing compulsorily. During the year 2 attendances were made at the Store Street Centre.

During the year 1,257 visits were made to the schools by the School Nurses to examine children for uncleanliness.

(b) **Minor Ailments and Diseases of the Skin.**

(i) Consultation and Minor Ailment Clinics.

Doctors' consultations are held at the following Clinics and the School Nurses carry out treatment for minor ailments at the following times.

The Minor Ailments Clinic at 108, Wellington Road South, is open daily and one of the School Medical Officers is in attendance on Monday mornings, Tuesday afternoons, Thursday mornings, Friday afternoons and Saturday mornings.

The Minor Ailments Clinic at the Reddish Welfare Centre, Stanhope Street, Reddish, is open on Wednesday mornings and Thursday afternoons. A School Medical Officer is in attendance on Wednesday mornings.

The Minor Ailments Clinic at 32, Heaton Moor Road, is open each day from 9.0 a.m. to 10.30 a.m. for the treatment of minor ailments. A School Medical Officer is in attendance on Thursday mornings.

The Minor Ailments Clinic at Brinnington is open on Monday, Tuesday, Thursday and Friday mornings from 9.0 a.m. to 10.0 a.m. for the treatment of minor ailments. A School Medical Officer is in attendance on Tuesday mornings.

Attendances at the Minor Ailments Clinics :—
(including doctors' consultations)

Number of New Cases seen during the year	3,476
Total number of attendances during the year	13,462

It is clear from these figures that many parents continue to seek advice and treatment for their children at the School Clinics although they are presumably registered with a general practitioner under the National Health Service.

(ii) Scabies Clinic.

During the year the incidence of Scabies has been extremely low and only one child was cleansed at the Cleansing Centre at St. Saviour's Maternity and Child Welfare Clinic.

(c) Visual Defects and External Eye Diseases.

(i) Ophthalmic Clinic.

The visiting ophthalmologists attended at the Central School Clinic on three sessions each week to examine children referred to the Clinic. In addition to examining children for defective vision, the visiting Specialists advise on the treatment of external eye diseases and certify cases of blindness and partial sightedness among schoolchildren.

Details of the work done at this Clinic are given below:—

Total number of attendances	1,251
Total number of cases refracted at the Ophthalmic Clinics	1,002
Number of cases in which spectacles were prescribed	489
Number of cases in which spectacles were obtained	457

Of the cases refracted at the Ophthalmic Clinics, 74 were pre-school children.

External eye diseases are treated at the Minor Ailments Clinic. Severe cases are referred to their own doctor and are excluded from school. In urgent cases children are referred direct to Stockport Infirmary.

All those children who are prescribed glasses at the School Eye Clinic are seen subsequently at school by the school nurses to ascertain whether the glasses prescribed have been obtained. This is more satisfactory than writing to the Head Teachers of the schools for the information and does not take up a great deal of the nurses time as the information is usually obtained at the time the nurses visit the schools for cleanliness inspections.

(ii) Orthoptic Clinic.

This Clinic is held at Stepping Hill Hospital and is administered by the Regional Hospital Board.

The number of school children referred from the school Eye Clinic to this Clinic during the year was 86

(d) Ear, Nose and Throat Defects.**(i) Ear, Nose and Throat Clinic.**

Children are seen by appointment at this Clinic. Medical Officers from the Ear, Nose and Throat Department of the Infirmary visit on Friday afternoons each week to examine the children referred to the Clinic. A daily treatment clinic is held for those children who have been ordered treatment by the medical officers. The waiting list for this Clinic has grown considerably since the number of weekly sessions was reduced to one. Children recommended for operative treatment are admitted to Stepping Hill Hospital.

The number of treatments carried out by the nurses at the Central School Clinic in this connection numbered 513. The number of children who received operative treatment for enlarged Tonsils and Adenoids during the year was 280. Of these 196 were operated on at Stepping Hill Hospital and 84 at Stockport Infirmary. The number of children operated on for other conditions of the Ear, Nose and Throat was 5. The waiting period for operation at Stepping Hill Hospital was approximately six months.

(ii) Audiometric Clinic.

During the year 169 children were tested on the Pure Tone Audiometer by the School Nurses who have been trained in the use of the instrument. This instrument enables the type and degree of deafness to be accurately determined.

(iii) Pure Tone Sweep Audiometry.

At the beginning of 1955, a scheme was inaugurated for the testing of children's hearing in schools. This is carried out on a Pure Tone Sweep Audiometer which is operated by an Audiometrician who has been trained in its use at the Department of Education of the Deaf, The University, Manchester.

From the following Table it will be observed that out of a total number of 6,316 children examined, 95 were found, on re-test, to have a hearing loss of more than 45 decibels. These children were subsequently referred to the Aural Surgeon, their own general practitioner, or to the Stockport Infirmary, for further investigation.

<i>Age of children tested</i>	<i>No. of children tested</i>	<i>Found to have normal hearing</i>	<i>Found to have normal hearing on re-test</i>	<i>Number with subnormal hearing</i>		<i>Failed appt. for re-test</i>
				<i>Less than 40 dbs.</i>	<i>More than 45 dbs.</i>	
6 yrs.	1,990	1,917	27	19	21	6
7 yrs.	1,902	1,763	53	20	50	16
8 yrs.	2,424	2,337	34	18	24	11
	6,316	6,017	114	57	95	33

(e) Child Guidance.

During the early months of the year, the Psychiatric Service at Booth Hall was used for children who were in need of investigation and treatment.

In May, 1955, a second Consultant Psychiatrist, Dr. A. A. Cashmore, was appointed at Booth Hall Hospital, and the Manchester Regional Hospital Board agreed to allow Stockport School Health Service to make use of his services for one session per week.

It was felt that it was an excellent arrangement to have the services of a Consultant Psychiatrist who was attached to the Children's Hospital, even though the number of sessions allocated was totally inadequate for the needs of the area.

Dr. Cashmore, who commenced with the School Health Service in June, 1955, is accommodated at the Branch School Clinic, 32, Heaton Moor Road, and holds a session on Thursday afternoons.

Up to the present time no Psychiatric Social Worker has been appointed in connection with this service, as it would be impossible for Dr. Cashmore to make use of a full-time Psychiatric Worker when he is only permitted one session per week for diagnosis and treatment in Stockport.

Children are referred to Booth Hall Hospital by Dr. Cashmore as and when necessary.

It is hoped that in the near future, when the Manchester Regional Hospital Board has augmented its present staff, that it will be able to permit Stockport School Health Service to have further sessions from the Consultant Child Psychiatrist and then it is hoped we will be able to establish a comprehensive clinic.

Since the service was started, until the end of the year, 25 children were seen at the Heaton Moor Branch School Clinic, and seven were seen at Booth Hall Hospital, Manchester.

(f) Dental Defects.**The Report of the Chief Dental Officer : Miss F. Sellers, L.D.S.****(i) The School Dental Clinics.**

The School Dental Service in Stockport has a Central Clinic, 108, Wellington Road South, which serves the south side of the town, a branch clinic at 32, Heaton Moor Road, for the north side, and a branch clinic on Brinnington Road, for the new housing estate. There are two well equipped surgeries, a waiting room, and recovery room, at the Central and Heaton Moor Clinics. The Dental Department at Brinnington was opened in October, 1955, and has one well equipped surgery, waiting room and recovery room. The new clinic, like the others, is open for the dental treatment of schoolchildren, pre-schoolchildren, and expectant and nursing mothers.

(ii) Staffing.

The establishment is one Chief Dental Officer and three full-time Assistants. For the first time, in October this year, the dental department was up to establishment, having a Chief Dental Officer, one full-time dental officer, and four part-time dental officers employed for five sessions a week each. The employment of part-time dental officers is found to work smoothly and enables a large amount of routine work to be completed.

(iii) School Inspections.

School Inspections were all carried out by the Chief Dental Officer, and the routine work was then allocated to the rest of the staff. This meant that a good overall picture of the dental condition of the children's mouths in the different schools could be obtained, and similar methods of working the dental inspection could be employed in the various schools. The time between school dental inspections for all schools has now been reduced to about eight months, instead of twelve months, and it is hoped that in a short time this period will be reduced to six months, as children's teeth deteriorate quickly even in six months time.

After each inspection the parents of all children with dental defects are notified and asked to state their preference for private or clinic treatment. Consent for a general anæsthetic if the dental surgeon considers it necessary is obtained at the same time. Children who accept school dental treatment are sent for as soon as possible after the inspections, as it is found they attend for their appointments better than if there is a lapse before treatment is commenced.

The average acceptance rate for clinic treatment varies greatly from school to school, and district to district, but it is found that where the teachers and parents encourage the children to have dental treatment, then the acceptance rate rises. The School Dental Service can only offer treatment, and it is the responsibility of the parents to see that their children receive it. Too many parents sign year after year that they will take their children to a private dentist and never go near one, because the child's teeth are not giving trouble, but as soon as they are kept awake at night with the child crying with toothache they rush down to the clinic and demand immediate attention. Too many second teeth are lost in this way, when they could have been saved, if treatment had been carried out earlier.

More co-operation is required by everyone to see that all the forms given out at school to children with dental defects, are properly signed and returned to the Clinic. About a quarter of the forms given out over the year are not brought back. The Modern Secondary Schools are the worst offenders in this respect and often show a complete lack of interest in their teeth. It is doubtful whether a number of the forms ever reach the parents and may be destroyed on the way home, as repeated requests from the Head Teachers does not produce them.

(iv) Three Monthly Inspections.

A three monthly dental inspection is necessary to ensure that children's teeth are kept in good condition as caries spreads rapidly when once it starts, and the benefit of conservation work already carried out tends to be lost. There are now a large number of children who attend every three months for inspection and treatment if necessary.

(v) Casuals.

Head Teachers have a list of times for all dental clinics when children can attend without an appointment, for advice and treatment. These children bring with them special cards giving their parents' written consent. As the schools are inspected more frequently the number of casuals gradually decreases, but children who signed for private treatment and did not receive it, or those who were "no replies" make up a good percentage of the casuals.

(vi) Extractions.

776 general anæsthetics were given by a Specialist Anæsthetist, and 2,979 local anæsthetics by the dental officers, for the extraction of 1,628 permanent and 5,233 temporary teeth. The number of children requiring general anæsthetics decreases as the period between dental inspections is decreased.

(vii) Conservation Work.

The aim throughout the year was to do as much conservation work as possible, and an attempt was again made to persuade parents to have small cavities in their children's permanent and temporary teeth filled, instead of leaving them until they had to be extracted. For the first time, the total number of teeth filled exceeded the total number of teeth extracted, which is a good sign. 5,211 permanent teeth and 2,679 temporary teeth were filled in 1955.

(viii) X-rays.

X-ray facilities were provided at the two local hospitals in the town. It is hoped that an X-ray machine will be installed in one of the school Dental Clinics in the near future.

(ix) Orthodontic Work.

113 impressions were taken, 71 appliances were made and inserted and 505 attendances were made for inspection and adjustment of appliances.

(x) Partial Dentures.

18 partial dentures were inserted for the schoolchildren, the mechanical work being sent out to a laboratory. It is unfortunate that schoolchildren should require dentures at all, but it is usually due to the front teeth being accidentally fractured or lost, or that the extent of caries renders the teeth unsaveable.

(xi) Pre-School Children.

Pre-school children are referred from the Infant Welfare Clinics if dental defects are discovered at their regular inspections. A number also have three-monthly appointments. Early in 1956, it is hoped to increase the service by inspection of and treatment by the dental officers of all children attending the day nurseries in the town. In this way much dental defect will be cared for before the children start school, and more conservation work will be carried out. Parents will again be given the opportunity to attend a private dentist instead.

321 pre-school children made 421 attendances for dental treatment in 1955. 233 teeth were filled, 75 general anæsthetics and 61 local anæsthetics were given for the extraction of 270 teeth.

(xii) Expectant and Nursing Mothers.

Good liaison and co-operation exists between the ante-natal and the school dental service, but before any expectant or nursing mother is referred to the school dental service she must have indicated that she did not intend to seek treatment from a private dental practitioner. During 1955, 109 mothers made 329 attendances for dental treatment

and the following work was carried out :—

Number of teeth filled	60
„ „ teeth extracted	500
„ „ general anæsthetics	48
„ „ local anæsthetics	54
„ „ full dentures inserted	39
„ „ partial dentures inserted	7

Table V on page 40 gives details of school inspections and routine dental treatment.

(g) Orthopædic and Postural Defects.

Arrangements have been made in some schools for children found by the School Medical Officers to have postural defects, to have regular weekly or twice weekly remedial exercises under the direction of a trained teacher. In addition, use of the modern apparatus installed in many schools during the past year will help to reduce the incidence of postural defects. Children suffering from the severer types of postural defect and from other orthopædic conditions are referred to the Consultant Orthopædic Surgeon at the Stockport Infirmary.

The number of children referred to hospital for treatment during the year was 39. The number of children with severe orthopædic defects admitted to the Children's Orthopædic Hospital, Marple, was 19.

(h) Heart Disease and Rheumatism.

During the year there were 126 attendances at the Heart Clinic.

Of the children on roll, 45 have congenital heart conditions, 22 rheumatic, and 9 functional.

Seven attend Longfield Open Air School, one is at a Heart School, one has home tuition. The rest go to ordinary schools.

All but 23 do full physical exercise and only nine are barred entirely from physical training and games.

34 children have been fully investigated (i.e., X-rays and electrocardiographic examinations), at hospitals, five having been admitted for cardiac catheterisation.

Two have had successful operations for patent ductus arteriosus ; one awaits operation for coarctation of the aorta.

(i) Enuresis.

The Enuresis Clinic continues to be held weekly. During the year, 51 boys and 27 girls made a total of 298 attendances.

22 were discharged cured.

(j) Chiropody.

Number of attendances by the Chiropodist	100
„ „ treatments	1,261
„ „ new patients	239
„ „ cases of Verrucæ	106
„ „ „ „ corns	30
„ „ „ „ contracted or overlapping toes	5
„ „ „ „ ingrowing toenails	14
„ „ „ „ other conditions (flat feet, bursæ metatarsalgia, heloma miliares, onychogryphosis, etc.)	84

The customary re-inspections have been carried out and the full co-operation of the children and their parents has been received.

(k) Speech Therapy.**The Report of the Speech Therapist : Miss D. E. Lees.**

Speech clinics are held at present at the Central School Clinic, Wellington Road South, the Branch School Clinic, Heaton Moor Road, and the St. Petersgate Special Class. The last named, was opened in January, 1955, and is available only to the children attending the class. The opening of this clinic has proved successful, by ensuring that these children, who are on the whole very poor attenders, receive regular treatment and by relieving pressure at the Central Clinic. A total of 496 sessions were held during the year.

Number of sessions held each week is :—

At the Central Clinic	2
At the Heaton Moor Clinic	6
At the St. Petersgate Special Class	1
Sessions kept for administration and school visits	2
Total number of sessions held each week	11

96 children, 57 boys and 39 girls, were treated for speech defects during 1955, 20 of whom have been discharged as cured. 61 children were still receiving treatment on 31st December, 1955, and 32 new patients were awaiting inclusion.

It is to be noted that out of the total number of referrals, 28 failed initial appointments, or commenced treatment but did not complete course and eight were found to be unsuitable for treatment, or did not require treatment. The proportion of children failing to keep their appointments is still quite high, comprising a quarter of the total referrals.

The following is an analysis of the various kinds of defects and the number of children treated, during the year :—

Numbers of children referred for and receiving speech therapy during 1955 :—

Number referred during 1955	84
„ already receiving treatment on 1st January, 1955	60
„ commencing treatment during 1955	36
Total number receiving treatment during 1955	96
Number discharged	20
„ on waiting list on 31st December, 1955	32
„ receiving treatment on 31st December, 1955	61

28 children failed initial appointments, or commenced treatment but did not complete course.

Five children were found to be unsuitable for speech therapy.

Three children did not require treatment.

Analysis of the types of defects and numbers of boys and girls treated during 1955:—

Defect	Pre-school children		Infants and Juniors		Seniors		Totals
	Boys	Girls	Boys	Girls	Boys	Girls	
Cleft-Palate Speech ..	—	—	1	1	1	1	4
Dyslalia	2	1	22	16	9	4	54
Dysphonia and other voice disorders ..	—	—	1	3	—	3	7
Spastic	—	—	1	2	—	—	3
Stammering	—	—	6	3	8	2	19
Mixed disorders ..	—	—	4	2	2	1	9
Totals	2	1	35	27	20	11	96

Between 1st January, 1955, and 31st December, 1955, 57 boys and 39 girls received speech therapy.

Investigation into the history of stammering, nervous disorders and mixed laterality in the families of the 19 stammerers receiving speech therapy, during 1955, showed :—

Number with a history of stammering in family	11
Number with a family history of mixed laterality, i.e., left handed or ambidextrous	8
Number with family history of nervous disorders, i.e., asthma, eczema, etc.	5
Number found to have no family history of stammering, nervous disorders or mixed laterality	6
One boy is adopted and his family history is not known.	

VIII.—OPEN-AIR EDUCATION.

(a) The Longfield Open-Air School.

Children are admitted to this school on the recommendation of the School Medical Officers, the conditions for which admission is recommended being mainly debility, chronic ill health, nervousness, and physical handicaps of moderate degree. The school has large airy classrooms and extensive grounds, thus ensuring that the children have the opportunity of benefiting from an open air régime. The children rest for an hour after the midday meal either on camp beds or in comfortable chairs. During the summer months this rest period is held out of doors, weather permitting. There are only 77 pupils in attendance and so the teachers are able to get to know their pupils more intimately than is possible in an ordinary Day School. At the same time the children quickly get to know each other and lose their feeling of strangeness and loneliness.

Meals are prepared on the premises ; breakfast and dinner being provided. In addition each child receives two thirds of a pint of milk per day, part of which is given in a drink of hot cocoa at breakfast. The older children have a shower and the younger children a slipper bath each week unless excused on medical grounds. The primary object of these baths is not to ensure cleanliness but to tone up the body and stimulate the appetite.

The school is visited by a Medical Officer of the staff approximately once per week. Regular cleanliness inspections are carried out by the School Nurse.

IX.—CO-OPERATION OF PARENTS, TEACHERS, SCHOOL WELFARE OFFICERS AND VOLUNTARY BODIES.

(a) Co-operation of Parents.

(i) Attendance at the Periodic Medical Inspections.

During the year 9,615 children were inspected at the Periodic Medical Inspections and parents were present at 6,249 of these inspections.

The number of parents attending with their children in the four age groups examined was as follows :—

	<i>Number examined</i>	<i>Parents present</i>	<i>% (approx.)</i>
School Entrants.. ..	2,193	1,983	90
Primary School Leavers ..	2,299	1,568	68
Secondary School Leavers ..	1,278	55	4
Other Periodic Inspections ..	3,845	2,643	69

The inspections classified as ‘ Other periodic inspections ’ take place when the children are between the ages of seven and eight years. Bearing this in mind it will be observed from a perusal of the above figures that parental interest in the inspections diminishes progressively as the children get older. This is unfortunate as parental co-operation is required if the defects found at inspection are to be adequately corrected. For example the catarrhal child needs to be taught correct nasal hygiene and needs to be reminded frequently of the rules to follow, if lasting improvement is to be made ; similarly children with postural defects should ideally carry out the remedial exercises at home each day, under the supervision of the parent. It is much more satisfactory if the doctor is able to discuss these matters with the parent at the time of examination rather than write about them.

(ii) Attendance at Consultation and Specialist Clinics.

The children seen at the Consultation Clinics by the School Medical Officers are brought either because the parents seek advice on some medical problem or because the School Medical Officers, having examined the children at school, wish to examine them further at the Clinic. In most cases they are accompanied by their parents. Children attending the Specialist Clinics must be accompanied by their parents, otherwise they may not be seen.

(b) Co-operation of Teachers.**(i) Medical and Dental Inspection.**

The arrangements made for the Medical Inspection of pupils on school premises worked smoothly during the year ; thanks are due to the Head Teachers of the schools for their co-operation in this matter. Whenever possible a well heated room has been put at the disposal of the Medical Officer for the inspection. In some of the older schools the inspections have still to be carried out in a classroom which has been vacated for the purpose. Head Teachers or their representatives attend at the medical inspection in some schools and are able to furnish the Medical Officer with useful information at the time the children are being examined.

The co-operation of the Head Teachers has been appreciated by the Dental Officers.

(ii) Following Up.

At the end of each medical inspection the Head Teacher is informed of the names of those pupils who have defects requiring attention. The Head Teachers are able to help in the following up of these children in such ways as ensuring that when glasses have been provided, they are worn each day by the children, that children with defective hearing are given a favourable position in class, and that children with valvular heart disease are either excluded from games or restricted in their activities. Thanks are due to the Head Teachers for their co-operation in this matter during the year.

(iii) Medical and Dental Treatment.

Thanks are due to the Head Teachers for ensuring that their pupils attend for treatment at the Clinics at the times arranged.

Certain periods of the day are set aside in the dental clinics for the examination and treatment of children without appointments, and Head Teachers inform the parents of these times. Facilities are available for children to attend the Dental Department for advice and treatment in any emergency without an appointment.

(c) Co-operation of School Welfare Officers.

The Staff of the School Attendance Department continues to do valuable work, and close contact is maintained with this Department.

(d) Co-operation of Voluntary Bodies.

The Department is very much indebted to the various Voluntary Bodies for their work, and desires to place on record its appreciation.

(i) The G. W. Cookson Bequest.

The G. W. Cookson Bequest (vested in the Mayor of Stockport) provided an outing for poor children. Six hundred children were taken for a drive through Cheshire finishing at Lyme Hall, where tea was served, followed by sports. The Senior Welfare Officer organised the outing, and was assisted by the Staffs of the Central School Clinic and Education Department.

(ii) The Stockport Auxiliary of the Cripples' Help Society.

This organisation provided a visit to the Circus at Belle Vue in January and a day's outing to Fleetwood in the summer months, for cripples of the town, many of whom are children of school age.

(iii) The National Society for the Prevention of Cruelty to Children.

The Society has continued to render valuable assistance to the School Health Service.

(iv) The Women's Voluntary Service.

The local branch of the Women's Voluntary Service has been most helpful in providing items of clothing in cases where the plight of necessitous children has been brought to its notice.

X.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

(a) Examinations of Children for a Disability of Mind as Prescribed by Regulation 4 of the Reports to Local Authorities (Records) Amending Regulations, 1949.

Recommendations :—

(i) To be educated in an ordinary school	111
(ii) To be educated in an ordinary school and referred to the Consultant Child Psychiatrist	25
(iii) To be educated in an ordinary school and referred for an Audiometric Test	1
(iv) To be educated in an ordinary school and referred to the Educational Psychologist	1
(v) To be educated in an ordinary school and referred to the Speech Therapist	2
(vi) To be educated in a Special Day School for educationally subnormal pupils	36
(vii) To remain in a Special Day School for educationally subnormal pupils	9
(viii) To be educated in a Special Residential School for educationally subnormal pupils	15
(ix) To remain in a Special Residential School for educationally subnormal pupils	2
(x) To be educated in a Special Residential School for deaf pupils	1
(xi) To be educated in a Special Residential School for physically handicapped pupils	1
(xii) To be educated in a Special Residential School for epileptic pupils	2
(xiii) To be educated in a Special Residential School for mal-adjusted pupils	2
(xiv) To be referred for Home Tuition under Section 56, Education Act, 1944	1
(xv) To be educated in a Special Day School for delicate pupils ..	2
(xvi) To remain in a Special Day School for delicate pupils ..	5
(xvii) To be reported to the Local Authority for the purposes of the Mental Deficiency Acts under Section 57(3), Education Act, 1944	7
(xviii) To be reported to the Local Authority for the purposes of the Mental Deficiency Acts under Section 57(5), Education Act, 1944	1
(xix) To be informally notified	3

(xx) To be excluded from school for a period of twelve months and re-examined at the end of that period	1
(xxi) To be reviewed in three months' time	1
(xxii) To be reviewed in six months' time	2
(xxiii) To be reviewed in twelve months' time	19
(xxiv) To be reviewed in eighteen months' time	1
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In addition :—

10 boys and one girl were re-examined prior to leaving school.

14 boys and 15 girls were re-examined prior to leaving school and were recommended for Non-Statutory Supervision.

One boy was examined at the request of the Probation Department.

One male adult and one female adult were examined at the request of the Mental Health Service.

(b) Admissions to Special Residential Schools and Hospitals.

(i) Blind and Partially Sighted Pupils.

2 boys were discharged from The Sunshine House Residential Nursery School for Blind Children, Birkdale, Southport, 1 of whom was later admitted to The Sunshine House School for Blind Infants, Leamington Spa, Warwickshire.

1 girl was discharged from The Summerhill Grange Sunshine Home Nursery School for Blind Children, Kingswinford, Staffordshire.

1 girl was discharged from The Exhall Grange School, Exhall, Warwickshire.

(ii) Deaf and Partially Deaf Pupils.

1 boy was admitted to, and 1 boy already at the Royal Schools for the Deaf, Old Trafford, Manchester, was accepted as Stockport's responsibility from Manchester.

1 girl was discharged from The Needwood School for the Partially Deaf, Rangemore Hall, Burton-on-Trent.

(iii) Delicate and Physically Handicapped Pupils.

35 boys and 20 girls were admitted to, and 35 boys and 33 girls were discharged from The Longfield Open Air School for Delicate Pupils, Mauldeth Road, Heaton Mersey, Stockport.

1 boy was discharged from The St. Catherine's Home, Ventnor, Isle of Wight.

2 boys and 1 girl were admitted to, and later discharged from The Convalescent Home for Physically Handicapped Children, West Kirby, Cheshire.

7 boys and 7 girls were admitted to, and 7 boys and 9 girls were discharged from The Children's Orthopaedic Hospital, Dale Road, Marple, Cheshire.

1 girl was discharged from The Burton Hill House School for Seriously Crippled Girls, Malmesbury, Wiltshire.

1 boy was discharged from The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, Salop.

1 girl was admitted to The Bethesda Home for Crippled Children, Leicester Road, Broughton, Salford, 7.

1 girl was admitted to The Bishop's Palace School for Severely Crippled Girls, Ely, Cambridgeshire.

1 girl was discharged from The School of Stitchery and Lace for Cripple Girls, Great Bookham, Surrey.

1 girl was admitted to The Victoria Home for Crippled Children, Bournemouth, Hampshire.

(iv) Educationally Subnormal Pupils.

7 boys were admitted to, and 9 boys were discharged from The Taxal Lodge Special Residential School, Whaley Bridge, via Stockport.

1 boy was admitted to, and 1 boy discharged from The Pentville Roman Catholic School, Ormskirk, Lancashire.

2 girls were admitted to The Allerton Priory Roman Catholic School, Liverpool, Lancashire.

1 boy was discharged from The Meadows Memorial Home School, Southborough, Kent.

2 girls were admitted to The High Close School, Wiltshire Road, Woking, Berkshire.

3 girls were admitted to The Field Heath House Roman Catholic School, Hillingdon, Middlesex.

1 girl, already at The Mary Dendy Homes Special School, Warford Hall, Alderley Edge, near Manchester, was accepted as Stockport's responsibility.

(v) Maladjusted Pupils.

1 boy was admitted to The Wennington Hall Boarding Special School, Wennington Hall, Wennington, near Lancaster.

1 girl, already at The Buglawton Hall Residential Special School, Buglawton Hall, Congleton, Cheshire, was accepted as Stockport's responsibility.

(vi) Epileptic Pupils.

1 boy was admitted to, and later withdrawn by his parents from The Lingfield School for Epileptics, Lingfield, Surrey.

1 girl was admitted to The Colthurst House School (David Lewis Colony), Warford, Cheshire, and Stockport accepted responsibility for 1 girl already there.

XI.—FULL-TIME COURSES OF SECONDARY EDUCATION FOR BLIND, DEAF, DEFECTIVE AND EPILEPTIC STUDENTS.

(a) General.

There were no admissions or discharges during the year.

XII.—SPECIAL SCHOOLS.

(a) Longfield Open Air School, Mauldeth Road, Heaton Mersey.

Accommodation	92
Number on Roll	77
Percentage Attendance	73

XIII.—NURSERY SCHOOLS.

The numbers of children accommodated at the Nursery Schools are shown below :—

Reddish Vale:	Reddish Vale Road	..	From two to five years	..	80
Edgeley :	Hollywood Park School		From two to five years	..	40
Portwood :	Avenue Street	..	From two to five years	..	40
Adswood :	Arnfield Road	..	From two to five years	..	40
Belmont :	Grafton Street	..	From two to five years	..	40

XIV.—HIGH SCHOOLS AND OTHER INSTITUTIONS OF SECONDARY EDUCATION.**(a) Medical Inspection.**

The Local Education Authority maintains five Secondary Schools of the Grammar School type and six Secondary Schools of the County type, and a Secondary Technical School at Pendlebury Hall.

An annual Periodic Medical Inspection is carried out at these schools, the pupils being examined in their 15th year and annually thereafter if they remain at school. All pupils found to have defects are re-examined at school from time to time. Details of the number of pupils who were examined at these schools during the year are as follows :—

Stockport School	260
Fylde Lodge High School	83
Greek Street High School	32
Stockport High School	129
Secondary Technical School for Boys	310
Stockport College (Junior Commercial Class)	34
Avondale County Secondary School	126
Belmont County Secondary School	107
Dialstone County Secondary School	181
Offerton Girls' County Secondary School	69
Reddish Vale County Secondary School	245
St. George's C.E. Voluntary Secondary School	58
Total						1,634

(b) Dental Inspection.

Dental Inspections were carried out at the following schools during 1955:—

	<i>Number inspected</i>	<i>Number referred for treatment</i>
Stockport School	758	407
Stockport High School	393	121
Fylde Lodge High School	335	118
Greek Street High School	294	161
Stockport Secondary Technical School ..	196	110
Avondale County Secondary School ..	618	458
Belmont County Secondary School ..	595	407
Dialstone County Secondary School ..	460	292
Offerton Girls' County Secondary School	440	259
St. George's C.E. Voluntary Secondary School	315	234
Reddish Vale County Secondary School	593	398
	<u>4,997</u>	<u>2,965</u>

(c) Following Up and Medical Treatment.

All pupils in whom defects are discovered are referred for the necessary treatment and are re-inspected each time the School Medical Officer visits the school.

XV.—MISCELLANEOUS.**(a) The School Health Service and the Youth Employment Bureau.****(i) School Leaving Medical Certificates.**

A medical certificate is issued in respect of every child attaining school leaving age. These certificates are forwarded to the Youth Employment Bureau and are found to be most helpful, particularly in the cases of children who are seriously handicapped by physical or mental disabilities. These children are encouraged to register under the Disabled Persons (Employment) Act, 1944.

(ii) Medical Certificates.

2 Medical Certificates were issued under the "Employment of Children in Entertainments Rules, 1933."

(iii) Employment of Children.

Street Trading and Employment of Children.—No proceedings were instituted during the year.

Employment of School Children.—423 Medical Certificates were issued during the year.

(b) Medical Examination of Entrants to Courses of Training for Teaching and to the Teaching Profession.

The medical examination of teachers and of those entering the teaching profession continues to be carried out by the Medical Officers on the staff of the School Health Service. Each candidate is required to have an X-ray of the chest to exclude the presence of tuberculosis. These X-rays have been carried out under arrangements made with the Stockport Mass Miniature Radiography Unit.

In this connection 66 candidates for entry into Training Colleges and 9 prospective teachers were examined during the year.

XVI—STATISTICAL TABLES

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1955

TABLE I.

**Medical Inspection of Pupils attending Maintained
Primary and Secondary Schools
(Including Special Schools)**

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the Prescribed Groups:						Year	1954	1955
Entrants	2,460	2,193
Second Age Group	1,410	2,299
Third Age Group	1,216	1,278
						Total	5,086	5,770
Number of other Periodic Inspections						..	2,652	3,845
						Grand Total	7,738	9,615

B.—OTHER INSPECTIONS

Number of Special Inspections	5,416	4,478
Number of Re-Inspections	8,447	11,067
				<hr/>	<hr/>
			Total	13,863	15,545

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of individual pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

<i>Group</i>	<i>For defective vision (excluding squint)</i>	<i>For any of the other conditions recorded in Table IIA</i>	<i>Total individual pupils</i>
(1)	(2)	(3)	(4)
Entrants	7	626	633
Second Age Group ..	85	377	462
Third Age Group ..	56	97	153
Total (prescribed groups)	148	1,100	1,248
Other Periodic Inspections	171	744	915
Grand Total ..	319	1,844	2,163

MEDICAL INSPECTION RETURNS

TABLE II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1955

<i>Defect Code No.</i>	<i>Defect or Disease</i>	<i>PERIODIC INSPECTIONS</i>		<i>SPECIAL INSPECTIONS</i>	
		No. of defects		No. of defects	
		<i>Requiring treatment</i>	<i>Requiring to be kept under observation, but not requiring treatment</i>	<i>Requiring treatment</i>	<i>Requiring to be kept under observation but not requiring treatment</i>
	(1)	(2)	(3)	(4)	(5)
4	Skin	118	189	305	1
5	Eyes—				
	a. Vision ..	319	1,128	124	3
	b. Squint ..	50	608	—	2
	c. Other ..	21	168	74	—
6	Ears—				
	a. Hearing ..	68	204	4	3
	b. Otitis Media	14	76	2	—
	c. Other ..	29	59	18	—
7	Nose or Throat ..	274	1,189	335	3
8	Speech	49	209	20	—
9	Cervical Glands	—	192	—	—
10	Heart and Circulation	13	384	3	—
11	Lungs	22	382	—	—
12	Developmental—				
	a. Hernia ..	5	38	—	—
	b. Other ..	16	150	—	—
13	Orthopædic— ..				
	a. Posture ..	45	415	—	18
	b. Flat foot ..	702	194	1	4
	c. Other ..	124	445	9	1
14	Nervous system				
	a. Epilepsy ..	3	13	—	—
	b. Other ..	6	29	—	—
15	Psychological—				
	a. Development	43	203	4	—
	b. Stability ..	69	432	1	1
16	Other	215	846	1,105	22

MEDICAL INSPECTION RETURNS

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups	No. of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	2,193	522	23.80	1,645	75.01	26	1.19
2nd Age Group	2,299	724	31.49	1,553	67.55	22	.96
3rd Age Group ..	1,278	386	30.20	881	68.94	11	.86
Other Periodic Inspections ..	3,845	1,073	27.91	2,741	71.29	31	.80
Total ..	9,615	2,705	28.13	6,820	70.93	90	.94

TABLE III

Infestation with Vermin

- (i) Total number of examinations in the schools by the school nurses or other authorised persons 88,972
- (ii) Total number of individual pupils found to be infested 1,792
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944).. .. . 4
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944).. .. . —

TABLE IV.
TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY
AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

GROUP 1.—Diseases of the Skin (excluding uncleanness, for which see Table III).

	Number of cases treated or under treatment during the year	
	By the Authority	Otherwise
Ringworm—(i) Scalp	—	—
(ii) Body	1	—
Scabies	7	—
Impetigo	123	—
Other skin diseases	344	—
Total ..	475	—

GROUP 2.—Eye Diseases, Defective Vision and Squint.

	Number of cases dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	152	—
Errors of Refraction (including squint) ..	926	—
Total ..	1,078	—
Number of pupils for whom spectacles were		
(a) Prescribed	489	—
(b) Obtained	457	—

GROUP 3.—Diseases and Defects of Ear, Nose and Throat.

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment		
(a) for diseases of the ear	—	1
(b) for adenoids and chronic tonsillitis	—	280
(c) for other nose and throat conditions	—	4
Received other forms of treatment ..	364	—
Total ..	364	285

TABLE IV—*continued.***GROUP 4.—Orthopædic and Postural Defects.**

(a) Number treated as in-patients in hospitals	19	
(b) Number treated otherwise, <i>e.g.</i> , in clinics or out-patient departments..	By the Authority	Otherwise
	—	39

GROUP 5.—Child Guidance Treatment.

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	25	7

GROUP 6.—Speech Therapy.

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapists	96	—

GROUP 7.—Other Treatment Given.

	Number of cases treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments ..	1,481	—
(b) Other (specify)		
1 Audiometric Tests	169	—
2 Chiropody	239	—
3 Pure Tone Sweep Audiometric Tests	6,062	—
4 Pure Tone Sweep Audiometric Re-tests	315	—
Total ..	8,266	—

MEDICAL INSPECTION RETURNS.

TABLE V.—DENTAL INSPECTION AND TREATMENT
CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected :—												
(a) Periodic Age-Groups.												
AGE	4	5	6	7	8	9	10	11				
CLEARs	154	609	645	585	735	733	704	845				
DEFECTIVES ..	301	1338	1674	1855	2045	1816	1427	1239				
TOTALS ..	455	1947	2319	2440	2780	2549	2131	2084				
AGE	12	13	14	15	16	17	18+		Total			
CLEARs ..	578	538	430	296	130	69	21		7,072			
DEFECTIVES	1092	1080	900	483	72	31	7		15,360			
TOTALS ..	1670	1618	1330	779	202	100	28		22,432			
(b) Specials									2,105			
(c) TOTAL (Periodic and Specials)									24,537			
(2) Number found to require treatment									17,465			
(3) Number offered treatment									17,465			
(4) Number actually treated									6,599			
(5) Attendances made by pupils for treatment									11,640			
(6) Half-days devoted to :—					(8) Number of teeth filled:—							
Inspection	112					Permanent teeth ..				5,211		
Treatment	1,171					Temporary teeth ..				2,679		
Total ..	1,283					Total ..				7,890		
(7) Fillings :—					(9) Extractions :—							
Permanent teeth ..	6,657					Permanent teeth ..				1,628		
Temporary teeth ..	2,910					Temporary teeth ..				5,233		
Total ..	9,567					Total ..				6,861		
(10) Administration of general anæsthetics for extraction									776			
(11) Other operations :—					(13) Orthodontic Work :—							
Permanent teeth ..	1,329					Impressions taken ..				113		
Temporary teeth ..	516					Bands made ..				95		
Total ..	1,845					Appliances Inserted				71		
						Inspection and Adjustment ..				505		
(12) Administration of Local Anæsthetics for Extraction ..	2,979					(14) Prosthetic Work :—						
						Partial dentures inserted				18		